

License Type: 34 One Day Beer & Wine  
License Nontransferable

LICENSE NO. 9534283  
Receipt No. 2503550  
Fee Paid \$50.00  
Geographical Code 1933

**APPLICATION:**

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the above designated license(s) for the location also described below.

ORGANIZATION: HOLLYWOOD FOREVER INC-ENDOWMENT CARE & MEMORIAL CARE  
LOCATION ADDRESS: 5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038

TYPE OF EVENT: OTHER EVENT  
HR/DATES DURING WHICH ALCOHOL WILL BE SOLD: June 5, 2018  
7PM-11PM

ESTIMATED ATTENDANCE: 195

AUTHORIZED REPRESENTATIVE / ADDRESS

JAY BOILEAU  
5970 SANTA MONICA BLVD  
LOS ANGELES, CA 90038  
[REDACTED]

**LICENSE:**

The above-named organization is hereby licensed, pursuant to Section 24045.1 of the Business and Professions Code and Rule 59.5 of the California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the above-named location for the period authorized below. This license does not include off-sale ("to-go") privileges. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace, and morals of the people of the State.



Good for 1 day(s). Date Issued May 30, 2018.

Director of Alcoholic Beverage Control

By \_\_\_\_\_

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**DAILY LICENSE APPLICATION/AUTHORIZATION - Non Transferable**

Instructions: Complete all items. Submit to local ABC District Office with required fee (Cashier's Check or Money Order) payable to ABC. Once license is issued, fee cannot be refunded. For a listing of ABC District Offices please visit <http://www.abc.ca.gov/distmap.html>

Pursuant to the authority granted by the organization named below, the undersigned hereby applies for the license(s) described below.

LICENSE NUMBER <b>9534283</b>	GEO CODE
RECEIPT NUMBER <b>2503550</b>	
FEE <b>\$ 50</b>	

1. ORGANIZATION'S NAME <b>Hollywood Forever Inc. - Endowment Care &amp; Memorial Care</b>		CONDITIONS REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DIAGRAM REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. LICENSE TYPE (Check appropriate license type AND organization type)			
a. <input type="checkbox"/> <b>Daily General (\$25.00)</b> (Includes beer, wine and distilled spirits)			
<input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure		<input type="checkbox"/> Fraternal Organization in Existence Over Five Years with Regular Membership	
<input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose		<input type="checkbox"/> Religious Organization	
<input type="checkbox"/> Other:		<input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	
		NUMBER OF DISPENSING POINTS <b>1</b>	
b. <input type="checkbox"/> <b>Special Daily Beer (\$25.00)</b> <input checked="" type="checkbox"/> <b>Special Daily Beer &amp; Wine (\$50.00)</b> <input type="checkbox"/> <b>Special Daily Wine (\$25.00)</b>			
<input type="checkbox"/> Charitable <input type="checkbox"/> Fraternal <input type="checkbox"/> Social <input type="checkbox"/> Political <input type="checkbox"/> Other:		<input type="checkbox"/> Civic <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Cultural <input type="checkbox"/> Amateur Sports Organization	
		NUMBER OF DISPENSING POINTS <b>1</b>	
c. <input type="checkbox"/> <b>Special Temporary License (\$100.00)</b> (Different privileges depending on statute)			
<input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P		<input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P	
<input type="checkbox"/> Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P		<input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P	
<input type="checkbox"/> Other Special Temporary Licenses, per Section			
License number		Amount \$	
3. EVENT TYPE			
<input type="checkbox"/> Dinner <input type="checkbox"/> Dance <input type="checkbox"/> Wedding <input type="checkbox"/> Lunch <input type="checkbox"/> Picnic <input type="checkbox"/> Barbeque <input type="checkbox"/> Social Gathering <input type="checkbox"/> Festival		<input type="checkbox"/> Sports Event <input type="checkbox"/> Concert <input type="checkbox"/> Birthday <input type="checkbox"/> Mixer <input type="checkbox"/> Carnival <input type="checkbox"/> Dinner Dance <input checked="" type="checkbox"/> Other: Authors Literature Reading and Conversation	
4. TOTAL # OF DAYS <b>1</b>	5. ESTIMATED ATTENDANCE <b>195</b>	6. HOURS OF ALCOHOLIC BEVERAGE SALES, SERVICE AND/OR CONSUMPTION From <b>7pm</b> To <b>11pm</b>	
7. EVENT DATE(S) <b>Tuesday 06.05.2018</b>		8. EVENT IS OPEN TO THE PUBLIC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVENT LOCATION (Give facility name, if any, street number and name, and city) <b>The Masonic Lodge - 5970 Santa Monica Blvd, Los Angeles, CA 90038</b>			
10. LOCATION IS WITHIN THE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. TYPE OF ENTERTAINMENT <b>Authors Literature Reading and Conversation</b>	
12. SECURITY GUARDS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many? <b>4</b>	
13. AUTHORIZED REPRESENTATIVE'S NAME <b>Jay Boileau</b>		14. REPRESENTATIVE'S TELEPHONE NUMBER <b>[REDACTED]</b>	
15. REPRESENTATIVE'S ADDRESS <b>6000 Santa Monica Blvd, Los Angeles, CA 90038</b>		16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above) <b>6000 Santa Monica Blvd, Los Angeles, CA 90038</b>	
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE <b>[Signature]</b>		18. DATE SIGNED <b>05.25.2018</b>	
PROPERTY OWNER APPROVAL BY (Name), REQUIRED <b>Yogu Kanthiah</b>		PHONE NUMBER <b>[REDACTED]</b>	PROPERTY OWNER SIGNATURE <b>[Signature]</b>
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE <b>Thompson, B # 31467</b>		LAW ENFORCEMENT SIGNATURE <b>[Signature]</b>	DATE SIGNED <b>05.29.2018</b>
DISTRICT OFFICE APPROVAL BY (Name)		ABC EMPLOYEE SIGNATURE <b>[Signature]</b>	ISSUANCE DATE

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